



IFW / Receipt

Atty Docket No. B-0459 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Silvio AIME et al

* Examiner: TBA

Serial No.: 10/516,781 ✓

* Art Unit: 1616

Filing Date: December 3, 2004

*

For: AGENTS FOR MAGNETIC IMAGING METHOD

Certificate of Mailing and/or Transmission Under 37 C.F.R. § 1.8

I hereby certify that on the date indicated below, this correspondence is being deposited with the United States Postal Service on the date listed below, with sufficient postage for first class mail in an envelope addressed to:

Mail Stop: Missing Parts
Commissioner for Patents

P.O. Box 1450
Alexandria, VA 22313-1450

Date: June 6, 2005

Signature: 

Pamela Gewirtz

Mail Stop: Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR CORRECTION OF FILING RECEIPT – USPTO ERROR

Sir:

Applicants' attorney received the Filing Receipt, mail date May 9, 2005; and a review showed errors in Applicants' names and residences. The Filing Receipt identification of the names of the Applicants differs from that which appears on the Declaration, Assignment and Application Data Sheet (copies of all enclosed). The *city of residence* and *state or province of residence* information has been clarified in the enclosed Supplemental Application Data Sheet. It is unsure if the latter error is of significance. However, if the Filing Receipt is to identify the city of residence versus the state or province of residence, then it is kindly requested that this information be corrected as well.

Applicants' attorney respectfully requests that the *Filing Receipt* (copy enclosed with changes noted therein) for this application be corrected as follows:

- 1) AIME, Silvio;
 - first name: Silvio
 - last name: AIME
- 2) MAINERO, Valentina;
 - first name: Valentina
 - last name: MAINERO
- 3) GENINATTI, Simonetta Chrich;
 - first name: Simonetta Chrich
 - last name: GENINATTI
- 4) CABELLA, Claudia;
 - first name: Claudia
 - last name: CABELLA

The "*state or province of residence*" for all four (4) inventors is **TORINO**.

The specific "*city of residence*" for all four (4) inventors as listed on both the Application Data

Sheet and Declaration are as follows:

- 1) AIME, Silvio: **Carignano**;
- 2) MAINERO, Valentina: **Ivrea**;
- 3) GENINATTI, Simonetta Chrich: **Torino**;
- 4) CABELLA, Claudia: **Pecco**

Accordingly, Applicants' attorney respectfully requests the issuance of a Corrected Filing Receipt and that the PTO records be updated to reflect the correction(s) as indicated in this immediate letter and revised copy of the Filing Receipt enclosed herewith.

No fee(s) are believed to be due in connection with the filing of this Request. However, the director is hereby authorized to charge any required fees and credit any overpayments to deposit Account No. 50-0540.

Respectfully submitted,

Dated: June 6, 2005


M. Caragh Noone, Reg. No. 37,197
Bracco Research USA
305 College Road East
Princeton, NJ 08540
Tel: (609) 514-2454
Fax: (609) 514-2446

MCN/pjg



JUN 09 2005

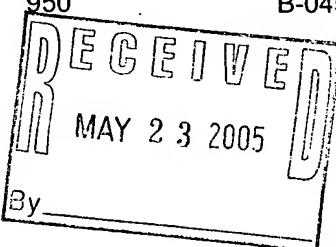
UNITED STATES PATENT AND TRADEMARK OFFICE

TRADEMARK OFFICE

2450 1012
UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY.DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/516,781	12/03/2004	1616	950	B-0459 US	6	15	2

31834
BRACCO RESEARCH USA INC.
305- COLLEGE ROAD EAST
PRINCETON, NJ 08540



CONFIRMATION NO. 5696

FILING RECEIPT



OC000000015937459

Date Mailed: 05/09/2005

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please mail to the Commissioner for Patents P.O. Box 1450 Alexandria Va 22313-1450. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Silvio,Aime, Carignano (~~Torino~~),ITALY;
Valentina,Mainero, Ivrea (~~To~~),ITALY;
Simonetta Chrich,Geninatti, Torino, ITALY;
Claudia,Cabella, Pecco (~~Torino~~), ITALY;

Assignment For Published Patent Application

Bracco Imaging S.p.A., Milano, ITALY

Power of Attorney: None

Domestic Priority data as claimed by applicant

This application is a 371 of PCT/EP03/05761 06/02/2003

Foreign Applications

EUROPEAN PATENT OFFICE (EPO) 02012531.6 06/05/2002

Projected Publication Date: 08/11/2005

Non-Publication Request: No

Early Publication Request: No

Agents for magnetic imaging method

Preliminary Class

424

LICENSE FOR FOREIGN FILING UNDER
Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15

GRANTED

The applicant has been granted a license under 35 U.S.C. 184, if the phrase "IF REQUIRED, FOREIGN FILING LICENSE GRANTED" followed by a date appears on this form. Such licenses are issued in all applications where the conditions for issuance of a license have been met, regardless of whether or not a license may be required as set forth in 37 CFR 5.15. The scope and limitations of this license are set forth in 37 CFR 5.15(a) unless an earlier license has been issued under 37 CFR 5.15(b). The license is subject to revocation upon written notification. The date indicated is the effective date of the license, unless an earlier license of similar scope has been granted under 37 CFR 5.13 or 5.14.

This license is to be retained by the licensee and may be used at any time on or after the effective date thereof unless it is revoked. This license is automatically transferred to any related applications(s) filed under 37 CFR 1.53(d). This license is not retroactive.

The grant of a license does not in any way lessen the responsibility of a licensee for the security of the subject matter as imposed by any Government contract or the provisions of existing laws relating to espionage and the national security or the export of technical data. Licensees should apprise themselves of current regulations especially with respect to certain countries, of other agencies, particularly the Office of Defense Trade Controls; Department of State (with respect to Arms, Munitions and Implements of War (22 CFR 121-128)); the Office of Export Administration, Department of Commerce (15 CFR 370.10 (j)); the Office of Foreign Assets Control, Department of Treasury (31 CFR Parts 500+) and the Department of Energy.

NOT GRANTED

No license under 35 U.S.C. 184 has been granted at this time, if the phrase "IF REQUIRED, FOREIGN FILING LICENSE GRANTED" DOES NOT appear on this form. Applicant may still petition for a license under 37 CFR 5.12, if a license is desired before the expiration of 6 months from the filing date of the application. If 6 months has lapsed from the filing date of this application and the licensee has not received any indication of a secrecy order under 35 U.S.C. 181, the licensee may foreign file the application pursuant to 37 CFR 5.15(b).

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
With Initial Filing

OR Declaration
Submitted after Initial
Filing (surcharge (37 CFR
1.16(e)) required)

Attorney Docket Number	B-0459 US
First Named Inventor	Silvio AIME
COMPLETE IF KNOWN	
Application Number	TBD
Filing Date	
Art Unit	TBD
Examiner Name	TBD

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

New Agents For Magnetic Imaging Method

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) **June 2, 2003** as United States Application Number of PCT International

Application Number **PCT/EP03/05761** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(a)-(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application designating at least one country other than the United States of America, filed within 12 months (6 months for design) prior to this application, and have also identified below any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) on which priority is claimed (if any)

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Claimed YES NO	Certified Copy Attached? YES NO
02012531.6	EP	June 5, 2002	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
PCT/EP03/05761	PCT	06/02/2003	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below (if any):

<input type="checkbox"/>					
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require completing this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION --- UTILITY OR DESIGN PATENT APPLICATION

B-0459 US

Direct all correspondence to:	<input checked="" type="checkbox"/> The address associated with Customer Number:	31,834	OR <input type="checkbox"/> Correspondence address below
Name			
Address			
City	State	ZIP	
Country	Telephone	Fax	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Silvio		Family Name or Surname AIME	
Inventor's Signature <i>Silvio Aime</i>		Date Nov. 19, 2004	
Residence: City CARIGNANO (TORINO)	State	Country Italy	Citizenship Italian
Mailing Address VIA GARAVELLA 3			
City CARIGNANO (TORINO)	State	Zip 10041	Country ITALY
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Valentina		Family Name or Surname MAINERO	
Inventor's Signature <i>Valentina Mainero</i>		Date Nov 19, 2004	
Residence: City IVREA (TO)	State	Country Italy	Citizenship Italian
Mailing Address VIA S. GAUDENZIO 5			
City IVREA (TO)	State	Zip 10015	Country ITALY
NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Simonetta Chrich		Family Name or Surname GENINATTI	
Inventor's Signature <i>Simonetta Geninatti Chrich</i>		Date Nov. 19, 2004	
Residence: City TORINO	State	Country Italy	Citizenship Italian
Mailing Address VIA MURIAGLIO 13			
City TORINO	State	Zip 10143	Country ITALY
<input type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Page _____ of _____

B-0459 US

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Claudia		Family Name or Surname CABELLA	
Inventor's Signature <i>Claudia Cabella</i>	Date <i>Nov, 19, 2004</i>		
Residence: City PECCO (TORINO)	State	Italy Country	Italian Citizenship
Mailing Address REGIONE CARESANA			
City PECCO (TORINO)	State	Zip 10080	Italy Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature	Date 2004		
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require completing this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance completing the form, call 1-800-786-9199 and select option 2.



Form PTO-1595
(Rev. 03/01)

OMB No. 0651-0027 (exp. 5/31/2002)

RECORDATION FORM COVER SHEET

U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office

PATENTS ONLY

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof

1. Name of conveying party(ies):

Silvio AIME Valentina MAINERO
Simonetta Chrich GENINATTI
Claudia CABELLA

Additional name(s) of conveying party(ies) Yes No
attached?

3. Nature of Conveyance:

Assignment Merger
 Security Agreement Change of Name
 Other _____

Execution Date: November 19, 2004

2. Name and address of receiving party(ies)

Name: Bracco Imaging S.p.A.

Internal Address: _____

Street Address: _____

Via Egidio Folli 50

City: 20134 Milan

Country: ITALY Zip: _____

Additional name(s) & address(es) attached? Yes No

4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the new application is: December 3, 2004

A. Patent Application No.(s):

PCT/EP03/05761 filed 6/02/03

B. Patent No.(s):

Additional numbers attached? Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name:
M. Caragh Noone

Internal Address: Atty. Dkt.: B-0459 US

Street Address:

305 College Road East

City: Princeton State: N.J. Zip: 08540

6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 3.41) \$ 40.00

Enclosed

Authorized to be charged to deposit account

Authorized to be charged to credit card
(Form 2038 enclosed)

8. Deposit account number: 50-2168

(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

M. Caragh Noone, Reg. No. 37,197

Name of Person Signing

M. Caragh Noone

Signature

December 3, 2004

Date

Total number of pages including cover sheet, attachments, and documents: 3

ASSIGNMENT

WHEREAS, we, *Silvio AIME, Valentina MAINERO, Simonetta Chrich GENINATTI, and Claudia CABELLA*, have invented a certain improvement in **NEW AGENTS FOR MAGNETIC IMAGING METHOD** described in a U.S. Non-Provisional Patent Application, the specification of which:

[X] is about to be filed in the United States Patent Office;

[] was filed on _____ as Non-Provisional Application No. _____;

[X] was filed on June 2, 2003 as International Application NO. PCT/EP03/05761.

WHEREAS, we, *Silvio AIME, Valentina MAINERO, Simonetta Chrich GENINATTI, and Claudia CABELLA* hereby authorize and request our attorney, M. Caragh Noone, of Bracco Research USA Inc., 305 College Road East, Princeton, NJ 08540, to insert here:

[] Application number _____, filed _____.

the filing date and application number of said application when known:

WHEREAS, **Bracco IMAGING S.P.A.** (hereinafter "ASSIGNEE"), a corporation organized and existing under the laws of the **Country of Italy**, and having its principle place of business at **Via Egidio Folli 50, 20134 Milan, Italy** desires to acquire an interest therein in accordance with agreements duly entered into with us;

NOW, THEREFORE, to all whom it may concern be it known that for and in consideration of said agreements and of other good and valuable consideration, the receipt of which is hereby acknowledged, we have sold, assigned and transferred and by these presents do hereby sell, assign and transfer unto said ASSIGNEE, its successors, assigns and legal representatives, our entire right, title and interest in and throughout the United States of America, its territories and all foreign countries, in and to said invention as described in said Non-Provisional application, together with our entire right, title and interest in and to said Non-Provisional application and such Letters Patent as may issue on said invention; said invention, application and Letters Patent to be held and enjoyed by said ASSIGNEE for its own use and behalf and for its successors, assigns and legal representatives, to the full end of the term for which said Letters Patent may be granted as fully and entirely as the same would have been held by us had this assignment and sale not been made; we hereby convey all rights arising under or pursuant to any and all international agreements, treaties or laws relating to the protection of industrial property by filing any such applications for Letters Patent. We hereby acknowledge that this assignment, being of our entire right, title and interest in and to said invention, carries with it the right in ASSIGNEE to apply for and obtain from competent authorities in all countries of the world any and all Letters Patent by attorneys and agents of ASSIGNEE's selection and the right to procure the grant of all such Letters Patent to ASSIGNEE for its own name as assignee of the entire right, title and interest therein;

AND, we hereby further agree for ourselves and our executors and administrators to execute upon request any other lawful documents and likewise to perform any other lawful acts which may be deemed necessary to secure fully the aforesaid invention to said ASSIGNEE, its successors, assigns and legal representatives, but at its or their expense and charges, including the execution of applications for patents in foreign countries, and the execution of any nonprovisional applications including substitution, reissue, divisional or continuation applications and preliminary or other statements and the giving of testimony in any interference or other proceeding in which said invention or any application or patent directed thereto may be involved;

AND, we do hereby authorize and request the Commissioner of Patents of the United States to issue such Letters Patent as shall be granted upon said invention to said ASSIGNEE, its successors, assigns, and legal representatives.

Inventor(s)	Date	Witnesses	Date
<u>Silvio AIME</u> Silvio AIME	<u>Nov 19, 2004</u>	<u>Barbara Melleri</u> sign on line	<u>Nov. 19, 2004</u>
<u>Valentina MAINERO</u> Valentina MAINERO	<u>Nov. 19, 2004</u>	<u>Claudia CABELLA</u> sign on line	<u>Nov. 19, 2004</u>
<u>Simonetta Chrich GENINATTI</u> Simonetta Chrich GENINATTI	<u>Nov 19, 2004</u>	<u>Clara Deft</u> sign on line	<u>Nov 19, 2004</u>
<u>Claudia CABELLA</u> Claudia CABELLA	<u>Nov. 19, 2004</u>	<u>Clara Deft</u> sign on line	<u>Nov 19, 2004</u>



Application Data Sheet

Application Information

Application Number:: TBD
Filing Date:: December 3, 2004
Application Type:: Regular
Subject Matter:: Utility
Suggested Group Art Unit::
CD-ROM or CD-R?::
Sequence submission?::
Computer Readable Form (CRF)?::
Title:: New Agents For Magnetic Imaging Method
Attorney Docket Number:: B-0459 US
Request for Early Publication?:: NO
Request for Non-Publication?:: NO
Suggested Drawing Figure::
Total Drawing Sheets:: 6
Small Entity?:: NO
Petition included?:: NO
Secrecy Order in Parent Appl.?:: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: IT
Status:: Full Capacity
Given Name:: Silvio
Family Name:: AIME
Name Suffix::
City of Residence:: Carignano (Torino)
State or Province of Residence::
Country of Residence:: ITALY
Street of mailing address:: Via Garavella 3

City of mailing address:: Carignano (Torino)
State or Province of mailing address::
Country of mailing address:: ITALY
Postal or Zip Code of mailing address:: 10041

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: **Valentina**
Family Name:: **MAINERO**
City of Residence:: Ivrea (To)
State or Province of Residence::
Country of Residence:: ITALY
Street of mailing address:: Via S. Gaudenzio 5

City of mailing address:: Ivrea (To)
State or Province of mailing address::
Country of mailing address:: ITALY
Postal or Zip Code of mailing address:: 10015

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: **Simonetta Chirich**
Family Name:: **GENINATTI**
City of Residence:: Torino
State or Province of Residence::
Country of Residence:: ITALY
Street of mailing address:: Via Muriaglio 13

City of mailing address:: Torino
State or Province of mailing address::
Country of mailing address:: ITALY

Postal or Zip Code of mailing address:: 10143

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: ITALY
 Status:: Full Capacity
 Given Name:: **Claudia**
 Family Name:: **CABELLA**
 City of Residence:: Pecco (Torino)
 State or Province of Residence::
 Country of Residence:: ITALY
 Street of mailing address:: Regione Caresana

 City of mailing address:: Pecco (Torino)
 State or Province of mailing address::
 Country of mailing address:: ITALY
 Postal or Zip Code of mailing address:: 10080

Correspondence Information

Correspondence Customer Number:: 31,834

Representative Information

Representative Customer Number:: 31,834

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation-in-part of		

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
PCT	PCT/EP03/05761	June 2, 2003	YES
EP	02012531.6	June 5, 2002	YES

Assignee Information

Assignee name:: Bracco Imaging S.p.A.
Street of mailing address:: Via Egidio Folli, 50, I-20134
City of mailing address:: Milano
State or Province of mailing address::
Country of mailing address:: IT
Postal or Zip Code of mailing address::

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Silvio AIME et al

* Examiner: TBA

Serial No.: 10/516,781

* Art Unit: 1616

Filing Date: December 3, 2004

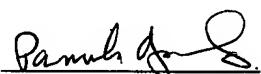
*

For: AGENTS FOR MAGNETIC IMAGING METHOD

Certificate of Mailing and/or Transmission Under 37 C.F.R. § 1.8

I hereby certify that on the date indicated below, this correspondence is being deposited with the United States Postal Service on the date listed below, with sufficient postage for first class mail in an envelope addressed to:

Mail Stop: Missing Parts
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Date: June 6, 2005Signature: 

Pamela Gewirtz

Mail Stop: Missing Parts
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

SUBMISSION OF SUPPLEMENTAL APPLICATION DATA SHEETUNDER 37 C.F.R. § 1.76(c): updated and modified data

Sir:

Papers being filed concurrently with this specific request are a request for correction of Filing Receipt. The Filing Receipt showed errors in Applicants' names and residences. Specifically, the Filing Receipt identifies Applicants' first and last names as the **GIVEN NAME** and identifies Applicants' *city of residence* as the **FAMILY NAME**. Applicants' Attorney wishes to clarify the incorrect information on the Filing Receipt by way of a Supplemental Application Data Sheet (ADS) under 37 C.F.R. § 1.76.

Under 37 C.F.R. § 1.76(c)(1)(2), the attached supplemental ADS is being provided prior to the issue fee to both modify and update information provided in a previously submitted application data sheet. The attached supplemental ADS identifies the following;

- 1) Application no.: 10/516,781
- 2) Suggest Group Art Unit: 1616

3) City of Residence for Applicants:

- a) Silvio AIME: Carignano
- b) Valentina MAINERO: Ivrea
- c) Simonetta Chirich GENINATTI: Torino
- d) Claudia CABELLA: Pecco

4) State of Province of Residence for all four (4) Applicants: Torino

Accordingly, Applicants' attorney respectfully requests the captured bibliographic information provided in the supplemental ADS to replace that which was provided in the INITIAL ADS on December 3, 2004. Thereafter, the corrections and/or updates in the supplemental ADS will be identified upon issuance of a Patent.

No fee(s) are believed to be due in connection with the filing of this Request. However, the director is hereby authorized to charge any required fees and credit any overpayments to deposit Account No. 50-0540.

Respectfully submitted,

Dated: June 6, 2005



M. Caragh Noone, Reg. No. 37,197
Bracco Research USA
305 College Road East
Princeton, NJ 08540
Tel: (609) 514-2454
Fax: (609) 514-2446

MCN/pjg

JUN 09 2005

Supplemental Application Data Sheet**Application Information**

Application Number:: 10/516,781
Filing Date:: December 3, 2004
Application Type:: Regular
Subject Matter:: Utility
Suggested Group Art Unit:: 1616
CD-ROM or CD-R?::
Sequence submission?::
Computer Readable Form (CRF)?::
Title:: New Agents For Magnetic Imaging Method
Attorney Docket Number:: B-0459 US
Request for Early Publication?:: NO
Request for Non-Publication?:: NO
Suggested Drawing Figure::
Total Drawing Sheets:: 6
Small Entity?:: NO
Petition included?:: NO
Secrecy Order in Parent Appl.?:: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: IT
Status:: Full Capacity
Given Name:: Silvio
Family Name:: AIME
Name Suffix::
City of Residence:: Carignano (Torino)
State or Province of Residence:: Torino
Country of Residence:: ITALY
Street of mailing address:: Via Garavella 3

City of mailing address:: **Carignano (Torino)**
State or Province of mailing address:: **Torino**
Country of mailing address:: **ITALY**
Postal or Zip Code of mailing address:: **10041**

Applicant Authority Type:: **Inventor**
Primary Citizenship Country:: **ITALY**
Status:: **Full Capacity**
Given Name:: **Valentina**
Family Name:: **MAINERO**
City of Residence:: **Ivrea (To)**
State or Province of Residence:: **Torino**
Country of Residence:: **ITALY**
Street of mailing address:: **Via S. Gaudenzio 5**

City of mailing address:: **Ivrea (To)**
State or Province of mailing address:: **Torino**
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Postal or Zip Code of mailing address:: **10015**

Applicant Authority Type:: **Inventor**
Primary Citizenship Country:: **ITALY**
Status:: **Full Capacity**
Given Name:: **Simonetta Chirich**
Family Name:: **GENINATTI**
City of Residence:: **Torino**
State or Province of Residence:: **Torino**
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Street of mailing address:: **Via Muriaglio 13**

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State or Province of mailing address:: **Torino**
Country of mailing address:: **ITALY**

Postal or Zip Code of mailing address:: 10143

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: ITALY
 Status:: Full Capacity
 Given Name:: Claudia
 Family Name:: CABELLA
 City of Residence:: Pecco (Torino)
 State or Province of Residence:: Torino
 Country of Residence:: ITALY
 Street of mailing address:: Regione Caresana

City of mailing address:: Pecco (Torino)
 State or Province of mailing address:: Torino
 Country of mailing address:: ITALY
 Postal or Zip Code of mailing address:: 10080

Correspondence Information

Correspondence Customer Number:: 31,834

Representative Information

Representative Customer Number:: 31,834

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation-in-part of		

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
PCT	PCT/EP03/05761	June 2, 2003	YES
EP	02012531.6	June 5, 2002	YES

Assignee Information

Assignee name:: Bracco Imaging S.p.A.
Street of mailing address:: Via Egidio Folli, 50, I-20134
City of mailing address:: Milano
State or Province of mailing address::
Country of mailing address:: IT
Postal or Zip Code of mailing address::